

JAMES L. MORGAN, SR., A SINGLE PERSON
GRANTOR

TO

ELTON L. HARRIS, JR., ET UX,
GRANTEES

) BOOK 293 PAGE 507

)
) WARRANTY DEED
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)
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FOR AND IN CONSIDERATION of the sum of Ten Dollars, (\$10.00), cash in hand paid, the receipt of which is hereby acknowledged, JAMES L. MORGAN, SR. does hereby sell, convey and warrant unto ELTON L. HARRIS, JR. and wife, LESLIE HARRIS, as tenants by the entirety with full rights of survivorship and not as tenants in common, the land lying and being situated in Desoto County, Mississippi, more particularly described as follows, to-wit:

A lot in the Town of Olive Branch in the Southwest Quarter of Section 34, Township 1 South, Range 6 West, being more particularly described as Beginning at a point in the South line of Coleman Street in the Town of Olive Branch 181.03 feet, Eastwardly from the point of intersection of said South line and the East line of Cockrum Street (Mississippi State Highway 305); thence Eastwardly 100 feet with the south line of said Coleman Street to an iron pipe; thence Southwardly 155.0 feet parallel with the East line of Cockrum Street (Mississippi State Highway 305) to a point; thence Westwardly 100.0 feet parallel with the South line of said Coleman Street to a point; thence Northwardly 155.0 feet parallel with the East line of said Cockrum Street (Mississippi State Highway 305) to the point of beginning and containing one-fourth of an acre, more or less, and being the same property conveyed to B. G. Allen, et ux in Book 44, Page 335.

The warranty in this Deed is subject to subdivision and zoning regulations in effect in Desoto County, Mississippi, and rights of way and easements for public roads and public utilities and restrictive covenants of record.

Taxes to be prorated for the year of 1995 and possession to take place upon closing.

STATE OF MISSISSIPPI, DESSOTO CO. MY signature, this the 29th day of November, 1995.

DEC 5 10 23 AM '95

BK 293 PG 507
W.E. DAVIS, CH. CLK.
by G. Stankovic

James L. Morgan Sr.
by Billie M. Mills
attorney in fact
BILLIE M. MILLS,
attorney in fact for James L. Morgan, Sr.

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STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me the undersigned authority in and for the above county and state, the within named Billie M. Mills, attorney in fact for James L. Morgan, Sr., who acknowledged that she signed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned, as her free and voluntary act and deed.

GIVEN UNDER MY HAND and official seal of office, this the 29th day of November, 1995.

NOTARY PUBLIC STATE OF MISSISSIPPI AT LARGE
MY COMMISSION EXPIRES April 13, 1997
BONDED THRU HEIDEN-MARCHETTI, INC.

Carol L. Dowell
NOTARY PUBLIC

MY COMMISSION EXPIRES:

GRANTORS ADDRESS: 9075 Roberta Ave, Olive Branch, MS 38654
601-895-7162 Sam

GRANTEES ADDRESS: 9057 Coleman Dr, Olive Branch, MS 38654
601 895-5565 none

PREPARED BY & RETURN TO: Atty. Les Shumake
P.O. Box 803
Olive Branch, MS 38654
(601) 895-5565

By way of explanation, please see attached death certificate for Chloie B. Morgan.

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK

NAME OF DECEDENT:
For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EX-
ECUTING CERTIFICATE
MUST COMPLETE AND
SIGN MEDICAL CERTI-
FICATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) Chloie Marie Morgan		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) July 31, 1995
4. SOCIAL SECURITY NUMBER (of Decedent) 412-03-6505	5a. AGE - LAST BIRTHDAY (Years) 87	5b. UNDER 1 YEAR MO. 0 DAYS 0	5c. UNDER 1 DAY HOURS 0 MIN. 0
6. DATE OF BIRTH (Month, Day, Year) Dec. 9, 1907		7. BIRTHPLACE (City and State or Foreign Country) Memphis, TN	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) St. Francis Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis	
9d. COUNTY OF DEATH Shelby		10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) James Leslie Morgan, Sr.		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Secretary	
12b. KIND OF BUSINESS/INDUSTRY Convention Bureau		13a. RESIDENCE - STATE Mississippi	
13b. COUNTY DeSoto		13c. CITY, TOWN OR LOCATION Olive Branch	
13d. STREET AND NUMBER OR RURAL LOCATION 9057 Coleman Ave.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	
15. RACE - American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) 11	
17. FATHER'S NAME (First, Middle, Last) Edgar Bennett Buckley		18. MOTHER'S NAME (First, Middle, Maiden Surname) Knoxie Bledsoe	
19a. INFORMANT'S NAME (Type/Print) James Leslie Morgan, Sr.		19b. RELATIONSHIP TO DECEASED Husband	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9057 Coleman Ave., Olive Branch, MS 38654		20a. LOCATION - City or Town, State Memphis, TN	
20b. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Memorial Park Cemetery	
21a. SIGNATURE OF FUNERAL DIRECTOR A. Gene Phillips		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FD394	
21c. SIGNATURE OF EMBALMER James L. Wray		21d. LICENSE NUMBER OF EMBALMER FS387	
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P.O. Box 428, 6875 Cockrum St., Olive Branch, MS 38654-0428		22b. LICENSE NUMBER OF FUNERAL HOME FE117	
23. REGISTRAR'S SIGNATURE Mary Ann Bradshaw		24. DATE FILED (Month, Day, Year) Aug 10 1995	
25a. PHYSICIAN - the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input checked="" type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN Gordon Kraus		25b. LICENSE NUMBER TN13609	
25c. DATE SIGNED (Month, Day, Year) 8/4/95		26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER	
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Gordon J. Kraus, 6005 Park Ave., Suite 728B, Memphis, TN 38119			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cerebellar Hemorrhage IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death 12 hours			
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Hypertension			
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 7 <input type="checkbox"/> Homicide			
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

BIRTH NO.

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MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE., MEMPHIS, TENN.
THIS IS TO CERTIFY that this is a true and correct copy of the record filed
the Tennessee Vital Records by the Memphis & Shelby County Health Department

SEAL

Date Issued

AUG 10 1995

by

Glenn D. Fouse
Glenn D. Fouse, Registrar
Vital Records Section